

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below beneath my name.

I believe I am the original, first and sole inventor (if only one is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled _____

_____ An internal sleeve in a double-lamp socket
the specification of which

(check one) _____ is attached hereto.

_____ was filed on _____ as

Application Serial No. _____

and was amended on _____

I hereby stated that I have reviewed and understand the content's of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application (s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or invention certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application (s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Field)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Field)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Field)	_____ Yes	_____ No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner Provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prio application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

Serial or Patent No.: _____ Docket No.: _____
Filed or Issued: _____
For: _____

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27 (b))-INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and trademark Office with regard to the invention entitled: _____

{ } the specification filed herewith
{ } application serial no. _____ filed _____
{ } patent no. _____ issued _____

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which could not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

{ } no such person, concern, or organization
{ } persons, concerns or organizations listed below:
Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME **MEI-LU LIN**

ADDRESS **P.O. Box 697, Feng-Yuan City, Taichung Hsien, Taiwan 420, R.O.C.**
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

BUSINESS CONCERN () NONPROFIT ORGANIZATION

Please Post office Address =

**P.O.Box 697,
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Taiwan, 420**

BUSINESS CONCERN () NONPROFIT ORGANIZATION

is application or patent, notification
loss of entitlement to small entity
of paying, the earliest of the issue
the date on which status as a small
CFR 1.28 (b))

made herein of my own knowledge are true
ation and belief are believed to be
s were made with the knowledge that
so made are punishable by fine or

Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

MEI-LU LIN

Signature of Inventor

Signature of Inventor

Signature of Inventor

Date

Date

Date

Apr. 7, 2004

SEND CORRESPONDENCE TO: _____

DIRECT TELEPHONE TO: _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the application or any patent issued thereon.

Full name of sole or first inventor: MEI-LU LIN

Inventor's signature Mei lu lin

(Date) Apr. 7, 2004

Residence: P.O. Box 697, Feng-Yuan City, Taichung Hsien, Taiwan 420, R.O.C.

Citizenship: TAIWAN (TW) R.O.C.

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Full name of second inventor, if any _____

Second Inventor's signature _____

(Date)

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of third inventor, if any _____

Third Inventor's signature _____

(Date)

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor, if any _____

Fourth Inventor's signature _____

(Date)

Residence: _____

Citizenship: _____

Post Office Address: _____